

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

**See Instructions and *Privacy
Statement On Reverse Side**

Page _____ of _____ Pages

CLAIMANT'S NAME Floyd E. Bloom		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION ICOC Member		CB/ID No.		DIVISION or BUREAU CIRM	
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS 210 King Street, 3rd Floor		INDEX NUMBER	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]	
CITY [REDACTED]		STATE CA		ZIP CODE 94111	

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

(4) MONTH/YEAR 3/11		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
9	4PM	San Diego					66.69	✓cc			0.00		66.69	
	6PM	San Diego - San Francisco					307.40	✓cc			0.00		307.40	
	8PM	San Francisco					41.00	✓C			0.00		41.00	
10	8AM	San Francisco					40.00 11.00	✓C			0.00		40.00 11.00	
13	11AM	San Diego					32.00	✓C			0.00		32.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	488.09		0.00	0.00	0.00	488.09	
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL**487.09**
~~5488.09~~

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

To attend ICOC Meeting, San Francisco, March 10,2011

**AGENCY ACCOUNTING OFFICE
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 3/14/11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 3/23/11
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	
[REDACTED]		[REDACTED]	